

Application Number: _____
Fee Paid: \$ _____

Village of Croton-on-Hudson, New York
Application for Demolition Permit

Date: _____

Applicant: _____
Name

Street Address

State Zip Code

Telephone Number

Location of Work: _____
Street Address

State Zip Code
Section: _____ Block: _____ Lot: _____

Owner of Premises: _____
Name

Street Address

State Zip Code

Exact nature of demolition work to be done:

Demolition: to commence _____; to end _____
Date Date

Applicant is responsible for the proper disposal of all demolition debris.

Attach Certificate of Insurance naming the Village of Croton-on-Hudson as additional insured.

Applicant certifies that he is authorized by the Owner of subject premises to conduct the demolition operations described above.

Signature of the Applicant

Notary Public